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CENTRAL FAX CENTER****DEC 08 2006****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.	Filing Date	First Named Inventor	Atty. Docket No.	Confirmation No.
09/636,448	08/11/2000	Charles J. Zapiec	AEIPT01	9103
Invention			Examiner	Art Unit
Professional Time Tracking and Recouping System and Software			Rudy, Andrew J.	3627

STATUS REQUEST

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Sir:

Please let us know the status of the above-identified application and when an action can be expected.

Respectfully submitted,

December 8, 2006
Date

TMC:hlp


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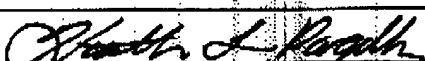
PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0851-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	08/636,448	
	Filing Date	08/11/2000	
	First Named Inventor	Charles J. Zapiec	
	Art Unit	3627	
	Examiner Name	Rudy, Andrew J.	
Total Number of Pages in This Submission	2	Attorney Docket Number	0273.301

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	IP Strategies Thomas M. Champagne
Signature	
Date	12/08/2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Heather L. Pagella
Signature	
Date	12/08/2006

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